

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2015
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, SPARTA			STREET ADDRESS, CITY, STATE, ZIP CODE 34 GRACEY ST SPARTA, TN 38583		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS During the Annual Recertification survey conducted on August 10-12, 2015, at NHC Healthcare Sparta, complaints #36630 and #34667 were investigated, no deficiencies were cited in relation to the complaints under 42 CFR PART 483, Requirements for Long Term Care Facilities.	F 000	This plan of correction is submitted as required under state and federal law. The submission of this plan does not constitute an admission on the part of NHC HealthCare Sparta as to the accuracy of the surveyor's findings not the conclusions drawn there from. The facility's submission of the plan of correction does not constitute an admission on the part of the facility that the findings are accurate, that the findings constitute a deficiency, or that the score and severity regarding any of the deficiencies cited are correctly applied.		
F 165 SS=D	483.10(f)(1) RIGHT TO VOICE GRIEVANCES WITHOUT REPRISAL A resident has a right to voice grievances without discrimination or reprisal. Such grievances include those with respect to treatment which has been furnished as well as that which has not been furnished. This REQUIREMENT is not met as evidenced by: Based on facility policy review, review of the Resident Council minutes, interview, and medical record review, the facility failed to ensure residents could voice grievances or concerns without discrimination or reprisal for 1 (Resident #76) of 42 sampled residents. The findings included: Review of the facility policy "The Resident's Council" with a revision date of 9/1/14, revealed "...primary purpose is to create opportunities to execute meaningful decisions...the potential to identify needs and interests, prioritize their top issues and take action...are organized to ensure and strengthen rights, self-worth, independence and values...all concerns voiced by patients are to be written in the minutes, and if action is required	F 165			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

John O'Kelly

Administrator

8-28-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 165	<p>Continued From page 1</p> <p>it should be reported as well...the subject of concern should appear in each month's minutes until the patient feels satisfied. This would simply require you asking the patient in the meeting if their concern has been taken care of and report their response..."</p> <p>Interview with the Activity Assistant on 8/11/15 at 3:25 PM at Nurses Station 2 revealed, when asked about Resident council president, "...she has periods of confusion..." When asked what topics are discussed during the meeting, stated "...events in the community and here...they talk about community projects..." When asked if the residents discuss concerns or problems, the Activity Assistant stated, "...residents don't voice any concerns during the resident council meetings...they take those to the front office..."</p> <p>Medical record review of a Quarterly Minimum Data Set dated 5/12/15 for Resident #76 revealed the resident was cognitively intact with a Brief Interview of Mental Status score of 15 out of 15; has clear speech; makes self understood; and has clear comprehension to understand others.</p> <p>Interview with Resident #76 on 8/12/15 at 8:15 AM in the resident's room, when asked about the Resident Council meetings and topics of discussion, stated "...we discuss what's happening in the center and around here in the community...read the newspaper and obituaries..." When asked if residents discuss concerns or problems, the resident stated "...if the food is not warm or the coffee is cold...but that's about it..." When asked if a resident had a personal item missing and brought it up during the resident council meeting and if it would be discussed, the resident stated, "...if it gets</p>	F 165	<p>F 165</p> <p>On 8-20-15, Resident Council Meeting was held. Activity staff reiterated to all the residents that they could voice any grievances they might have during the meeting or at any other time. Activity staff met with resident #76 in his room and reiterated that he could always express any concerns. He did not voice any.</p> <p>On 8-20-15, activity staff met with all other residents to discuss the Resident Council Meetings and reiterate that any concern can be expressed at any time. No other residents were affected or expressed any concerns.</p> <p>On 8-17-15, Administrator met with the Activity Director and Activity Assistant to Again review the Resident Council Policy Regarding concerns/grievances. InService Also held for all staff members regarding The policy for the Resident Council Meetings And grievances.</p>	8-20-15	

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F 165	<p>Continued From page 2</p> <p>brought up, the resident is told to go to the front office to report it..." When asked if any concerns were resolved, the resident stated "...nothing is resolved...and there's no confidentiality either...if I say something in confidence to [named employee, who attends the Resident Council meetings] then in no time the nurses or other's will ask me about it..." Continued interview revealed "...last time during survey a man talked with me and the other residents...afterwards we had a meeting and got 'blessed out' for talking and saying things..." When asked if the resident feared retaliation, the resident stated "...yes..."</p> <p>Review of the Resident Council Meeting minutes from 8/21/14 to 7/16/15 revealed no documentation of concerns voiced by the residents in attendance, and the average number of residents in attendance was 8. Continued review revealed Resident #76 had attended every Resident Council meeting in the past 12 months.</p> <p>Interview with the Administrator on 8/12/15 at 4:05 PM in the conference room, when asked if during the resident council meetings, had residents brought up concerns, stated "...they can bring up concerns...they've not brought any to me..." After discussion of resident interviews and the concerns related to call lights, cold food, coffee, and not enough food, the administrator stated "...I've not heard of any concerns..." When asked if the resident council meeting was not a forum for the ones in attendance to offer suggestions or voice concerns that affect their care and quality of life and not be afraid of retaliation, the administrator did not respond.</p>	F 165	<p>Activity Director will monitor any concerns expressed during the Resident Council Meetings. Any concern will be reported to Social Services so that Service Recovery can Be initiated. Findings of any service recovery Issues will be reported by the Activity Director to the monthly QA Committee which is Made up of the following people: Medical Directors, Administrator, DON, HIM Manager, Social Services Director, Wound Care Nurse, Rehab Coordinator, Activity Director and MDS Coordinator.</p>		
F 225	483.13(c)(1)(ii)-(iii), (c)(2) - (4)	F 225			

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F 225 SS=D	<p>Continued From page 3</p> <p>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p>	F 225	<p>F 225</p> <p>On 8-12-15, the service recovery summary dated 6-19-15 regarding Resident #108, was clarified to reflect the concern that the resident actually spoke about on 6-19-15 by the Administrator.</p> <p>On 8-13-15, the Administrator reviewed All other service recovery summaries to Ensure that all concerns had been properly Addressed. No other residents were affected.</p> <p>On 8-25-15, the Administrator conducted In-service training for staff. "Patient Protection and Response Policy" was reviewed With staff. Administrator reiterated the Importance of investigating an allegation as Quickly as possible to ensure the continued Safety of the patient.</p>	8-25-15	

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F 225	<p>Continued From page 4</p> <p>This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility failed to recognize an incident as alleged abuse and failed to investigate the incident thoroughly for 1 (Resident #108) of 42 residents reviewed.</p> <p>The findings included:</p> <p>Review of the facility policy entitled "Patient Protection and Response Policy for Allegations/Incidents of Abuse, Neglect, and Misappropriation of Property" dated 8/1/2011, revealed "...All events reported as possible abuse, neglect, or misappropriation of patient property will be investigated to determine whether the alleged abuse, neglect, or misappropriation of patient property did or did not take place...The investigation is conducted immediately when it is identified that an alleged incident may have occurred...Partners suspected of taking actions that would cause potential harm to a patient or other patients will be immediately placed on administrative leave pending result of investigation..."</p> <p>Medical record review revealed Resident #108 was admitted to the facility on 6/12/15, with diagnoses including Osteoporosis, Traumatic Fracture of Right Distal Ulna/Radius, Traumatic Fracture of Proximal Right Femur, Traumatic Fracture of Superior Pubic Ramus, Chronic Pain Syndrome, Schizophrenia, Bipolar Disorder, Hallucinations, Drug Use, and Hepatitis C.</p> <p>Medical record review of the Admission Minimum Data Set dated 6/19/15, revealed Resident #108</p>	F 225	<p>Administrator will monitor compliance</p> <p>With facility's "Patient Protection and Response Policy". Any allegation will be investigated and findings reported per our policy. Administrator will report any allegations to the monthly QA Committee which is made up of the following people:</p> <p>Medical Directors, Administrator, DON, HIM Manager, Social Services Director, Wound Care Nurse, CDM, Maintenance Director, Housekeeping/Laundry Supervisor, Rehab Coordinator, Activity Director and MDS Coordinator.</p>		

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F 225	<p>Continued From page 5</p> <p>had a Brief Interview for Mental Status score of 13/15 (15 indicates fully oriented with no memory problems); required extensive assistance of two people for transfers, dressing, and bathing; required extensive assistance with toileting and grooming; and required supervision with eating.</p> <p>Review of a Service Recovery Summary dated 6/19/15, revealed "...he had a concern that a therapist was rough putting him in bed and his wrist fx [fracture] was worse after that. X-rays taken. Nothing found on x-ray but a cast was placed instead of just the brace he came here with. He clashed personalities with a male nurse so that nurse doesn't go into the room anymore. He says staff talking about him outside his room. He would say people were talking about him and no one be in hall..."</p> <p>Review of the employee file of the alleged perpetrator revealed no disciplinary actions and no complaints about her behavior or resident treatment.</p> <p>Interview with the Administrator on August 12, 2015, at 9:20 AM, revealed the facility did not feel this was potential abuse and confirmed an investigation was not completed.</p> <p>Interview with the Unit Manager on 8/12/15, at 10:15 AM in the conference room revealed Resident #108 was a difficult resident who had outbursts of cursing staff and throwing things at staff. Continued interview revealed by the time the resident was discharged, only 1 physical therapist could enter his room. Further interview revealed the Crisis Team (psychiatric team available for residents who are decompensating) was called 3 times to assist with controlling the</p>	F 225			

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F 225	Continued From page 6 behaviors of Resident #108 but he did not meet their criteria for involuntary commitment. Continued interview revealed the PTA (Physical Therapy Assistant) and 2 CNTs (Certified Nursing Technicians) were trying to get Resident #108 on a sliding board to transfer him to the chair. Further interview revealed Resident #108 was uncooperative and threw the sliding board at one of the CNTs. Continued interview revealed the Unit Manager talked to Resident #108 who stated he did not like the PTA and did not want therapy at that time. Further interview revealed the Unit Manager assessed the resident's wrist and detected no abnormality, but an Orthopedics consult was obtained. Continued interview revealed the Unit Manager confirmed there was no formal investigation of the incident.	F 225			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on facility policy review, medical record review, and interview, the facility failed to recognize an incident as alleged abuse and failed to follow the facility policy for investigating allegations of abuse for one (Resident #108) of 42 residents reviewed. The findings included:	F 226	<p>F 226</p> <p>On 8-12-15, the service recovery summary dated 6-19-15 regarding Resident #108, was clarified to reflect the concern that the resident actually spoke about on 6-19-15 by the Administrator.</p> <p>On 8-13-15, the Administrator reviewed All other service recovery summaries to Ensure that all concerns had been properly Addressed. No other residents were affected.</p> <p>On 8-25-15, the Administrator conducted In-service training for staff. "Patient Protection and Response Policy" was reviewed With staff. Administrator reiterated the Importance of investigating an allegation as Quickly as possible to ensure the continued Safety of the patient.</p>		8-25-15

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F 226	<p>Continued From page 7</p> <p>Review of the facility policy entitled "Patient Protection and Response Policy for Allegations/Incidents of Abuse, Neglect, and Misappropriation of Property" dated 8/1/2011, revealed "...All events reported as possible abuse, neglect, or misappropriation of patient property will be investigated to determine whether the alleged abuse, neglect, or misappropriation of patient property did or did not take place... The investigation is conducted immediately when it is identified that an alleged incident may have occurred... Partners suspected of taking actions that would cause potential harm to a patient or other patients will be immediately placed on administrative leave pending result of investigation..."</p> <p>Medical record review revealed Resident #108 was admitted to the facility on 6/12/15, with diagnoses including Osteoporosis, Traumatic Fracture of Right Distal Ulna/Radius, Traumatic Fracture of Proximal Right Femur, Traumatic Fracture of Superior Pubic Ramus, Chronic Pain Syndrome, Schizophrenia, Bipolar Disorder, Hallucinations, Drug Use, and Hepatitis C.</p> <p>Medical record review of the Admission Minimum Data Set dated 6/19/15, revealed Resident #108 had a Brief Interview for Mental Status score of 13/15; required extensive assistance of two people for transfers, dressing, and bathing; required extensive assistance with toileting and grooming; and required supervision with eating.</p> <p>Review of a Service Recovery Summary dated 6/19/15, revealed "...he had a concern that a therapist was rough putting him in bed and his wrist fx [fracture] was worse after that. X-rays taken. Nothing found on x-ray but a cast was</p>	F 226	<p>Administrator will monitor compliance</p> <p>With facility's "Patient Protection and Response Policy". Any allegation will be investigated and findings reported per our policy. Administrator will report any allegations to the monthly QA Committee which is made up of the following people:</p> <p>Medical Directors, Administrator, DON, HIM Manager, Social Services Director, Wound Care Nurse, CDM, Maintenance Director, Housekeeping/Laundry Supervisor, Rehab Coordinator, Activity Director and MDS Coordinator.</p>		

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F 226	Continued From page 8 placed instead of just the brace he came here with. He clashed personalities with a male nurse so that nurse doesn't go into the room anymore. He says staff talking about him outside his room. He would say people were talking about him and no one be in hall..."	F 226			
F 244 SS=D	Interview with the Administrator on August 12, 2015, at 9:20 AM, revealed the facility did not feel this was potential abuse so an investigation was not completed. Continued interview confirmed the facility policy was not followed. 483.15(c)(6) LISTEN/ACT ON GROUP GRIEVANCE/RECOMMENDATION When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility. This REQUIREMENT is not met as evidenced by: Based on facility policy review, review of Resident Council minutes, medical record review, and interview, the facility failed to ensure the residents were able to express concerns within the meeting. The findings included: Review of the facility policy "The Resident's Council" with a revision date of 9/1/14, revealed "...primary purpose is to create opportunities to execute meaningful decisions...the potential to identify needs and interests, prioritize their top	F 244	F 244 On 8-20-15, Resident Council Meeting was held. Activity staff reiterated to all the residents that they could voice any grievances they might have during the meeting or at any other time. Activity staff met with resident #76 in his room and reiterated that he could always express any concerns. He did not voice any. On 8-20-15, activity staff met with all other residents to discuss the Resident Council Meetings and reiterate that any concern can be expressed at any time. No other residents were affected or expressed any concerns. On 8-17-15, Administrator met with the Activity Director and Activity Assistant to Again review the Resident Council Policy Regarding concerns/grievances. InService Also held for all staff members regarding The policy for the Resident Council Meetings And grievances.	8-20-15	

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F 244	<p>Continued From page 9</p> <p>issues and take action...are organized to ensure and strengthen rights, self-worth, independence and values...all concerns voiced by patients are to be written in the minutes, and if action is required it should be reported as well...the subject of concern should appear in each month's minutes until the patient feels satisfied. This would simply require you asking the patient in the meeting if their concern has been taken care of and report their response..."</p> <p>Review of the Resident Council Meeting minutes from 8/21/14 to 7/16/15 revealed no documentation of concerns voiced by the residents in attendance and the average number of residents in attendance was 8. Continued review revealed Resident #62 was elected Resident Council president on 4/9/15 and had attended 9 out of 12 meetings. Continued review revealed Resident #44 had attended 6 out of 12 meetings; Resident #31 had attended 8 out of 12 meetings; and Resident #76 had attended every Resident Council meeting in the past 12 months.</p> <p>Medical record review of a Quarterly Minimum Data Set (MDS) dated 7/19/15 for Resident #62 revealed the resident was moderately cognitively impaired; was able to express ideas and wants; and was able to understand others.</p> <p>Interview with the Resident Council president (Resident #62) on 8/11/15 at 3:17 PM in Nurses Station 3 dining room revealed "...we've not had any meetings...no one's said anything about it..." When asked if she was the elected president she stated, "...that's what they tell me..."</p> <p>Interview with the Activity Assistant on 8/11/15 at 3:25 PM at Nurses Station 2 revealed, when</p>	F 244	<p>Activity Director will monitor any concerns expressed during the Resident Council Meetings. Any concern will be reported to Social Services so that Service Recovery can Be initiated. Findings of any service recovery Issues will be reported by the Activity Director to the monthly QA Committee which is Made up of the following people: Medical Directors, Administrator, DON, HIM Manager, Social Services Director, Wound Care Nurse, Rehab Coordinator, Activity Director and MDS Coordinator.</p>		

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F 244	<p>Continued From page 10</p> <p>asked about Resident Council president (Resident #62) stated, "...she has periods of confusion..." When asked what topics are discussed during the meeting, stated "...events in the community and here...they talk about community projects..." When asked if the residents discuss concerns or problems, the Activity Assistant stated, "...residents don't voice any concerns during the resident council meetings...they take those to the front office..."</p> <p>Medical record review of a Quarterly MDS dated 6/3/15 for Resident #44 revealed the resident was moderately cognitively impaired; understood others with clear comprehension and was able to make self understood.</p> <p>Interview with Resident #44 on 8/12/15 at 7:50 AM in the resident's room revealed, when asked about the Resident Council meetings and topics of discussion stated "...we meet every month...I go to it..." When asked if someone had a concern or complaint would it be discussed in the meeting, she stated "...I guess so..."</p> <p>Medical record review of a Significant Change MDS dated 6/17/15 for Resident #31 revealed the resident was moderately cognitively impaired; has unclear speech or mumbled words; and responds to simple, direct communication only.</p> <p>Interview with Resident #31 on 8/12/15 at 8:00 AM in the resident's room, when asked about the Resident Council meetings and topics of discussion, stated, "...we read the [named newspaper] and talk about anything going on...talk about the garden...we don't want to talk about anything bad...try to keep it positive..." When asked if there had been any concerns</p>	F 244			

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PRINTED: 08/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/12/2015
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F 244	<p>Continued From page 11</p> <p>lately, the resident stated "...at night we have a problem with call lights...not answering them and waiting a long time..." When asked if concerns such as the call lights are discussed during resident council meetings, Resident #31 stated, "...no...we want to keep things positive..."</p> <p>Medical record review of a Quarterly MDS dated 5/12/15 for Resident #76 revealed the resident was cognitively intact with a Brief Interview of Mental Status score of 15 out of 15; has clear speech; made self understood; and had clear comprehension to understand others.</p> <p>Interview with Resident #76 on 8/12/15 at 8:15 AM in the resident's room, when asked about the Resident Council meetings and topics of discussion, stated "...we discuss what's happening in the center and around here in the community...read the newspaper and obituaries..." When asked if residents discuss concerns or problems, the resident stated "...if the food is not warm or the coffee is cold...but that's about it..." When asked if a resident had a personal item missing and brought it up during the resident council meeting if it would be discussed, the resident stated, "...if it gets brought up, the resident is told to go to the front office to report it..." When asked if any concerns were resolved, the resident stated "...nothing is resolved...and there's no confidentiality either...if I say something in confidence to [named employee, who attends the Resident Council meetings] then in no time the nurses or other's will ask me about it..." Continued interview revealed "...last time during survey a man talked with me and the other residents...afterwards we had a meeting and got 'blessed out' for talking and saying things..." When asked if the resident</p>	F 244			

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F 244	Continued From page 12 feared retaliation, the resident stated "...yes..." Interview with the Administrator on 8/12/15 at 9:25 AM in the Administrator's office, when asked what her expectation of the Resident Council meeting stated, "...to be able to come talk...it's their meeting...talk about upcoming activities...what they want and don't want on the calendar..." Interview with the Administrator on 8/12/15 at 4:05 PM in the conference room, when asked if during the resident council meetings, had residents brought up concerns, stated "...they can bring up concerns...they've not brought any to me..." After discussion of resident interviews and the concerns related to call lights, cold food, coffee, and not enough food, the administrator stated "...I've not heard of any concerns..." When asked if the resident council meeting was not a forum for the ones in attendance to offer suggestions or voice concerns that affect their care and quality of life, the administrator did not respond.	F 244			
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.	F 279			

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F 279	<p>Continued From page 13</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on review of the hospice contract, medical record review, and interview, the facility failed to comprehensively integrate hospice interventions in the facility care plan for 1 (Resident #58) hospice resident reviewed.</p> <p>The findings included:</p> <p>Review of the hospice contract, effective 1/1/2004, revealed the "SPECIFIC HOSPICE RESPONSIBILITIES" included "...Develop, in concert with the NURSING FACILITY staff...a Plan of Care for the management and palliation of the Resident...terminal illness..." Further review revealed "SPECIFIC NURSING FACILITY RESPONSIBILITIES" included "...all parties will jointly develop...a coordinated Plan of Care..." Further review revealed "...The coordinated plan of care shall identify the care and services which the NURSING FACILITY and THE HOSPICE will provide in order to be responsive to the unique needs of the...resident..." Further review revealed "...The Plan of Care will...be revised and updated as necessary to reflect the individual's current status...The coordinated plan of care shall be evidenced in the clinical records of both</p>	F 279	<p>F 279</p> <p>On 8-13-15, the care plan of resident #58 was updated to comprehensively integrate the hospice interventions in place with facility care plan by the Director of Nursing.</p> <p>On 8-13-15, all other hospice residents care plans were reviewed and found to have hospice interventions integrated into the facility care plans. No other residents were affected.</p> <p>Staff and management team were in-serviced by the Administrator on 8-25-15 regarding the integration of hospice interventions into the facility care plans.</p> <p>DON will review hospice care plans weekly for 8 weeks to ensure that the care plans of hospice residents have the hospice interventions integrated.</p> <p>DON will monitor compliance of hospice intervention integration and report the findings to the Quality Assurance Committee which is made up of the following people: Medical Directors, Administrator, DON, HIM manager, Social Services Director, Wound Care nurse, Activity Director, Rehab Coordinator and MDS Coordinator.</p>	8-25-15	

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F 279	<p>Continued From page 14 providers..."</p> <p>Medical record review revealed Resident #58 was admitted to the facility on 3/1/10 with diagnoses including Alzheimer's Disease and Chronic Pain.</p> <p>Medical record review of the Physician Orders dated 6/22/15 revealed "...Hospice Services to treat..."</p> <p>Medical record review revealed the hospice services were effective on 6/22/15.</p> <p>Medical record review of the facility care plan with review dates of 6/19/15 and 7/7/15 revealed the "... PROBLEM: ADVANCED DIRECTIVES: Patient has a post form [advance care directive] and is a DNR [Do Not Resuscitate]. The focus is Palliative rather than cure..." Further review revealed the "INTERVENTION(S)" included "...Hospice Services..." Further review of the facility care plan revealed no evidence of the hospice specific interventions.</p> <p>Interview with the Director of Nurses on 8/12/15 at 1:24 PM at nurses station 3 confirmed, the facility care plan was not coordinated with specific hospice interventions.</p> <p>Interview with the Administrator on 8/12/15 at 2:45 PM in the conference room, confirmed the facility failed to follow the contract to have a coordinated care plan.</p>	F 279			